

Appendix B

Indoor air quality questionnaire and building inventory

As discussed in Section 2.11, products in buildings should be inventoried every time indoor air is sampled to provide an accurate assessment of the potential contribution of volatile chemicals. In addition, the type of structure, floor layout and physical conditions of the building being studied should be noted to identify (and minimize) conditions that may interfere with the proposed testing.

Toward this end, a blank copy of the NYSDOH Center for Environmental Health's Indoor Air Quality Questionnaire and Building Inventory is provided in this appendix. Also provided is an example that demonstrates how the form should be completed properly.

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**NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH**

This form must be completed for each residence involved in indoor air testing.

Preparer's Name _____ Date/Time Prepared _____

Preparer's Affiliation _____ Phone No. _____

Purpose of Investigation _____

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location _____ Age of Occupants _____

2. OWNER OR LANDLORD: (Check if same as occupant ____)

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential
Industrial

School
Church

Commercial/Multi-use
Other: _____

If the property is residential, type? (Circle appropriate response)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: _____

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) _____

Does it include residences (i.e., multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors _____ Building age _____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Airflow near source

Outdoor air infiltration

Infiltration into air ducts

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame concrete stone brick
- b. Basement type: full crawlspace slab other _____
- c. Basement floor: concrete dirt stone other _____
- d. Basement floor: uncovered covered covered with _____
- e. Concrete floor: unsealed sealed sealed with _____
- f. Foundation walls: poured block stone other _____
- g. Foundation walls: unsealed sealed sealed with _____
- h. The basement is: wet damp dry moldy
- i. The basement is: finished unfinished partially finished
- j. Sump present? Y / N
- k. Water in sump? Y / N / not applicable

Basement/Lowest level depth below grade: _____(feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in: Basement Outdoors Main Floor Other _____

Air conditioning: Central Air Window units Open Windows None

Are there air distribution ducts present? Y / N

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

7. OCCUPANCY

Is basement/lowest level occupied? Full-time Occasionally Seldom Almost Never

Level **General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)**

Basement	<hr/>
1 st Floor	<hr/>
2 nd Floor	<hr/>
3 rd Floor	<hr/>
4 th Floor	<hr/>

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- | | |
|---|------------------------------------|
| a. Is there an attached garage? | Y / N |
| b. Does the garage have a separate heating unit? | Y / N / NA |
| c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) | Y / N / NA
Please specify _____ |
| d. Has the building ever had a fire? | Y / N When? _____ |
| e. Is a kerosene or unvented gas space heater present? | Y / N Where? _____ |
| f. Is there a workshop or hobby/craft area? | Y / N Where & Type? _____ |
| g. Is there smoking in the building? | Y / N How frequently? _____ |
| h. Have cleaning products been used recently? | Y / N When & Type? _____ |
| i. Have cosmetic products been used recently? | Y / N When & Type? _____ |

- j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____
- k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____
- l. Have air fresheners been used recently? Y / N When & Type? _____
- m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____
- n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____
- o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N
- p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building?

Y / N

If yes, please describe: _____

Do any of the building occupants use solvents at work?

Y / N

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work?

Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)

No

Yes, use dry-cleaning infrequently (monthly or less)

Unknown

Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____

Is the system active or passive? Active/Passive

9. WATER AND SEWAGE

Water Supply: Public Water Drilled Well Driven Well Dug Well Other: _____

Sewage Disposal: Public Sewer Septic Tank Leach Field Dry Well Other: _____

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

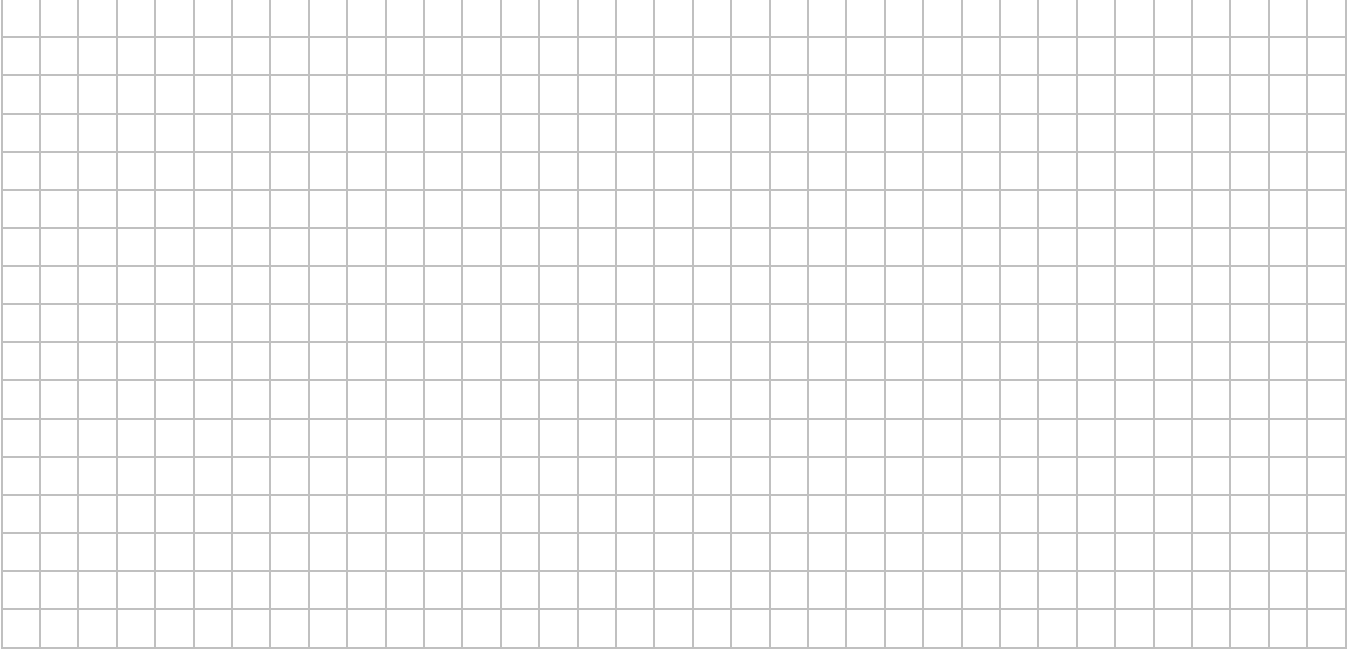
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

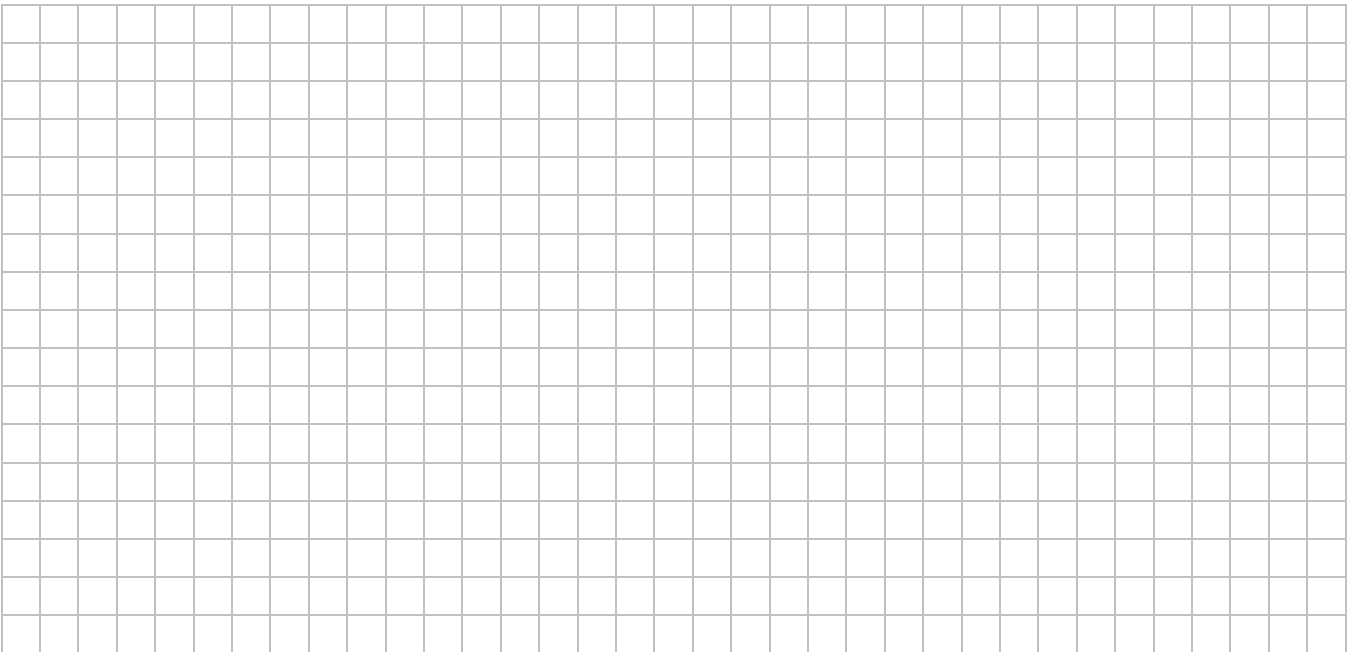
11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



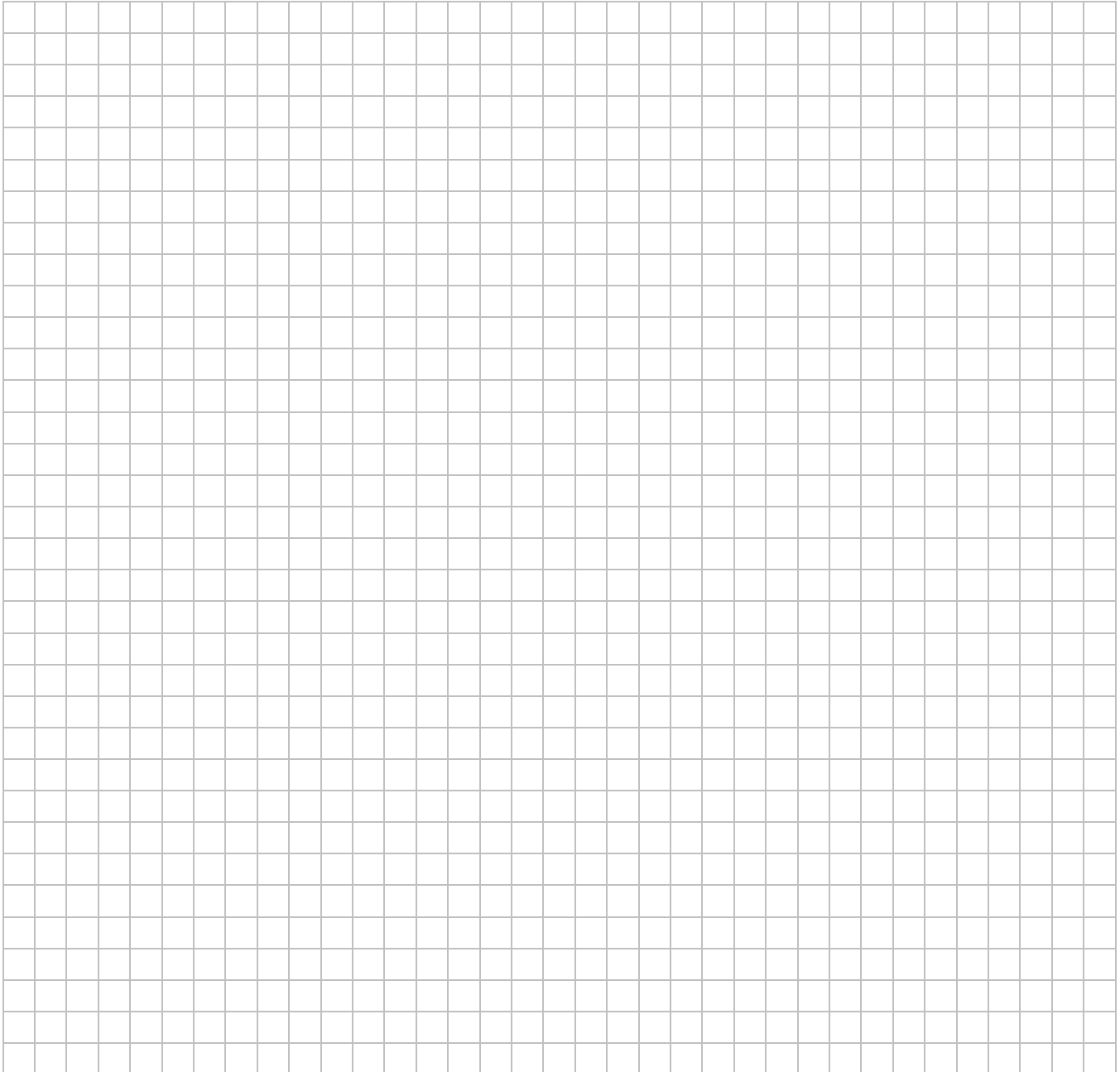
First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition *	Chemical Ingredients	Field Instrument Reading (units)	Photo ** <u>Y / N</u>

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**

** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Example

1

Correct

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Mary Jones Date/Time Prepared 10/22/04 10:00am

Preparer's Affiliation XYZ Consulting Phone No. 518-555-1212

Purpose of Investigation Thomasville Soil Vapor Intrusion Investigation (Site #32141)

1. OCCUPANT:

Interviewed: (Y)/N

Last Name: Smith First Name: Carol

Address: 25 Main Street Thomasville, New York 25230

County: Albany

Home Phone: 518-556-2222 Office Phone: 518-556-2400

Number of Occupants/persons at this location 2 Age of Occupants 36, 10

2. OWNER OR LANDLORD: (Check if same as occupant)

Interviewed: Y (N)

Last Name: White First Name: Frank

Address: 64 Mountain Road Bainbridge, New York 26390

County: Dutchess

Home Phone: 845-876-1301 Office Phone: 845-227-2430

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential
Industrial

School
Church

Commercial/Multi-Use
Other:

Example Correct 2

If the property is residential, type? (Circle appropriate response)

<u>Ranch</u>	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: _____

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 1

Building age 20 years

Is the building insulated? (Y) N

How air tight? (Tight) Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Basement air flows up to 1st floor through plumbing waste line and domestic water line floor penetrations

Airflow near source

Yes, furnace/oil tank area open to rest of basement

Outdoor air infiltration

Outdoor air enters at loose bilco doorway openings, and at sill plate near furnace.

Infiltration into air ducts

Basement air flows into bottom of hot air unit and in loose cold air return joints.

Example Correct 3

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame concrete stone brick
- b. Basement type: full crawlspace slab other _____
- c. Basement floor: concrete dirt stone other _____
- d. Basement floor: uncovered covered covered with _____
- e. Concrete floor: unsealed sealed sealed with _____
- f. Foundation walls: poured block stone other _____
- g. Foundation walls: unsealed sealed sealed with _____
- h. The basement is: wet damp dry moldy
- i. The basement is: finished unfinished partially finished
- j. Sump present? Y N
- k. Water in sump? Y / N not applicable

Basement/Lowest level depth below grade: 6 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Floor drain in laundry area

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

<u>Hot air circulation</u>	Heat pump	Hot water baseboard
Space Heaters	Stream radiation	Radiant floor
Electric baseboard	Wood stove	Outdoor wood boiler Other _____

The primary type of fuel used is:

Natural Gas	<u>Fuel Oil</u>	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: gas

Boiler/furnace located in: Basement Outdoors Main Floor Other _____

Air Conditioning: Central Air Window units Open Windows None

Example Correct

4

Are there air distribution ducts present?

☒ Y ☐ N

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Cold air return ductwork on ceiling in basement. Cold air return joints appear loose.

7. OCCUPANCY

Basement / Is lowest level occupied? Never

Full time

Occasionally

☒ Seldom

Almost

Level

General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)

Basement

Storage and laundry

1st Floor

living area and bedrooms

2nd Floor

3rd Floor

4th Floor

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?

☒ Y ☐ N

b. Does the garage have a separate heating unit?

Y ☒ N ☐ NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)

☒ Y ☐ N ☐ NA

Please specify lawnmower, car

d. Has the building ever had a fire?

Y ☒ N ☐ When? _____

e. Is a kerosene or unvented gas space heater present?

Y ☒ N ☐ Where? _____

f. Is there a workshop or hobby/craft area?

Y ☒ N ☐ Where & Type? _____

g. Is there smoking in the building?

Y ☒ N ☐ How frequently? _____

h. Have cleaning products been used recently?

☒ Y ☐ N When & Type? w/in week - windex, tilex

i. Have cosmetic products been used recently?

☒ Y ☐ N When & Type? yesterday - hairspray

Example Correct

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j. Has painting/staining been done in the last 6 months?

Y / ☒ N Where & When? _____

k. Is there new carpet, drapes or other textiles?

☒ Y / ☐ N Where & When? carpet in dining room

l. Have air fresheners been used recently?

Y / ☒ N When & Type? _____

m. Is there a kitchen exhaust fan?

☒ Y / ☐ N If yes, where vented? outside

n. Is there a bathroom exhaust fan?

Y / ☒ N If yes, where vented? _____

o. Is there a clothes dryer?

☒ Y / ☐ N If yes, is it vented outside? ☒ Y ☐ N

p. Has there been a pesticide application?

Y / ☒ N When & Type? _____

Are there odors in the building?

Y / ☒ N

If yes, please describe: _____

Do any of the building occupants use solvents at work?

☒ Y / ☐ N

(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? hair salon dyes, alcohols, peroxides, acetone

If yes, are their clothes washed at work?

Y / ☒ N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

☒ Yes, use dry-cleaning regularly (weekly)

No

☒ Yes, use dry-cleaning infrequently (monthly or less)

Unknown

☐ Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? ☒ Y / ☐ N Date of Installation: June 2000

Is the system active or passive? ☒ Active / ☐ Passive

9. WATER AND SEWAGE

Water Supply: Public Water ☒ Drilled Well ☐ Driven Well ☐ Dug Well Other: _____

Sewage Disposal: Public Sewer ☒ Septic Tank ☐ Leach Field ☐ Dry Well Other: _____

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: not applicable

b. Residents choose to: remain in home ☐ relocate to friends/family ☐ relocate to hotel/motel ☐

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

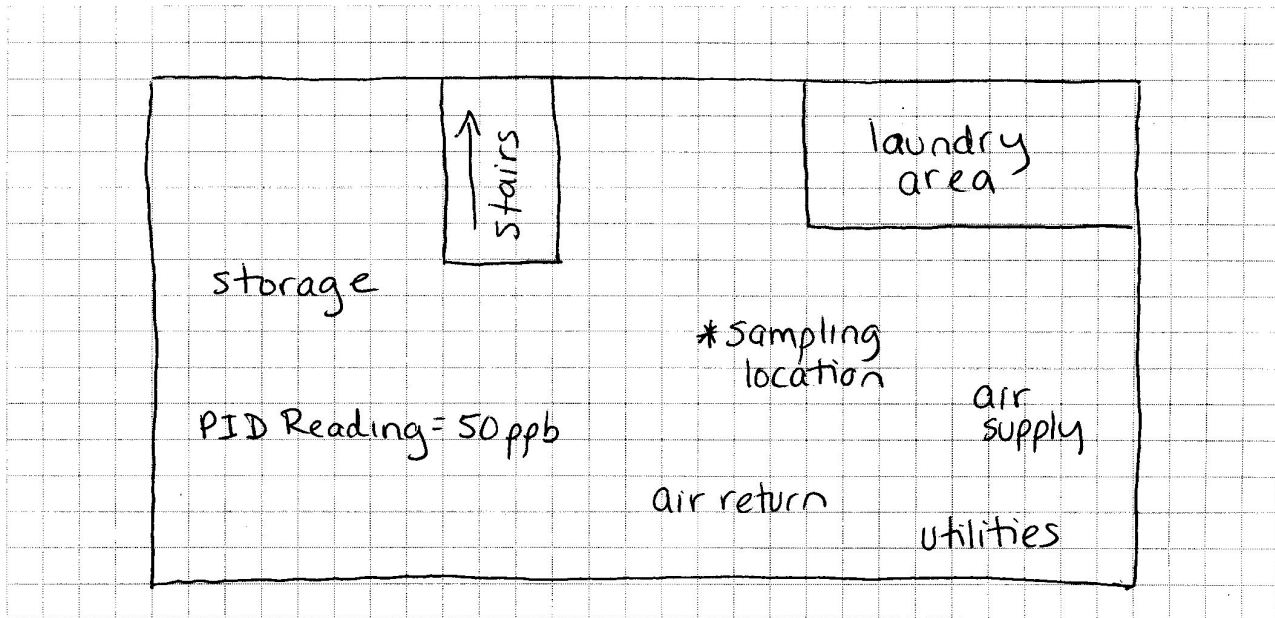
Example Correct

6

11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



First Floor:

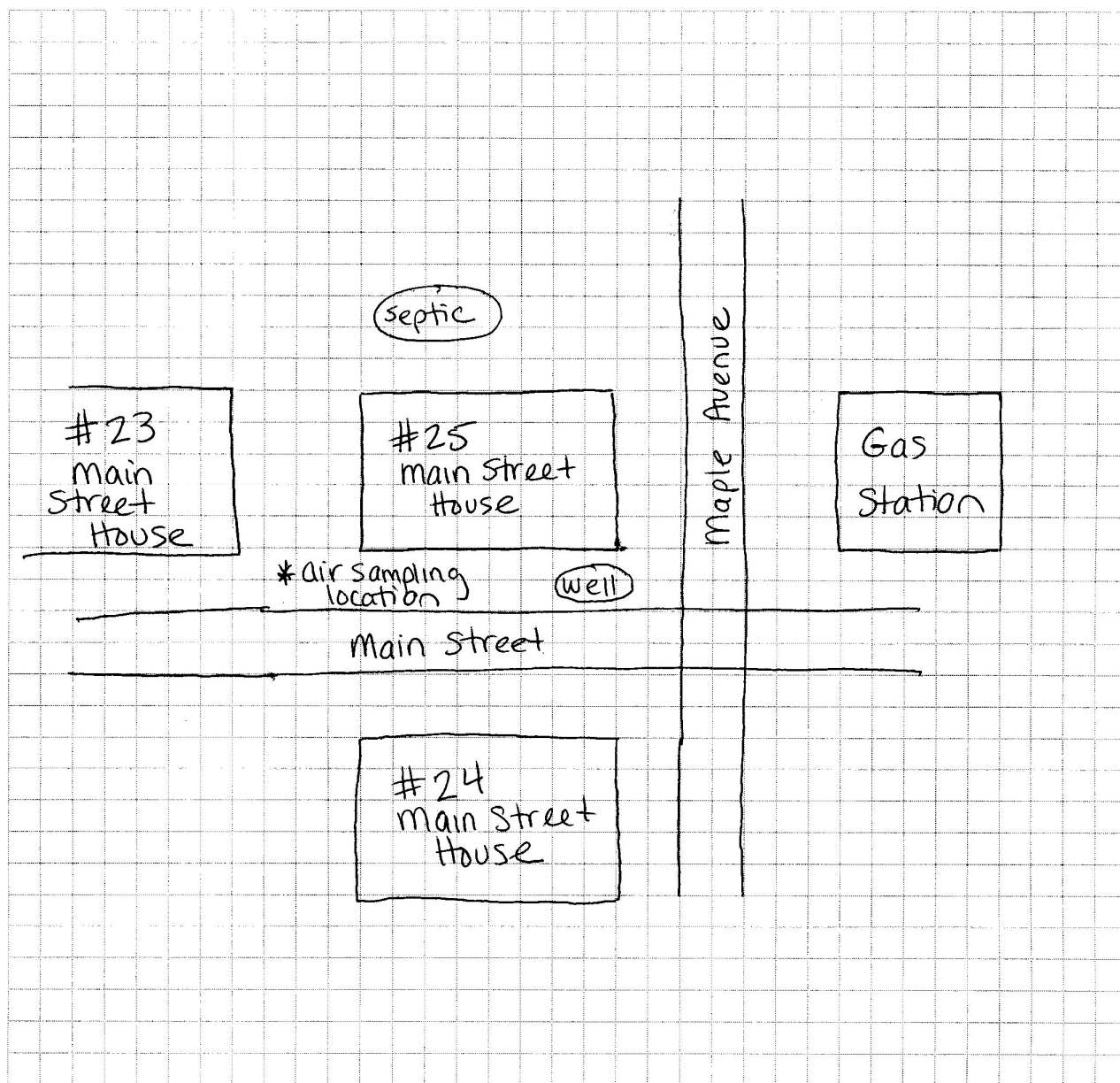


Example Correct 7

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.



Wind direction = NE

Example Correct

8

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: RAE photoionization detector

List specific products found in the residence that have the potential to affect indoor air quality.

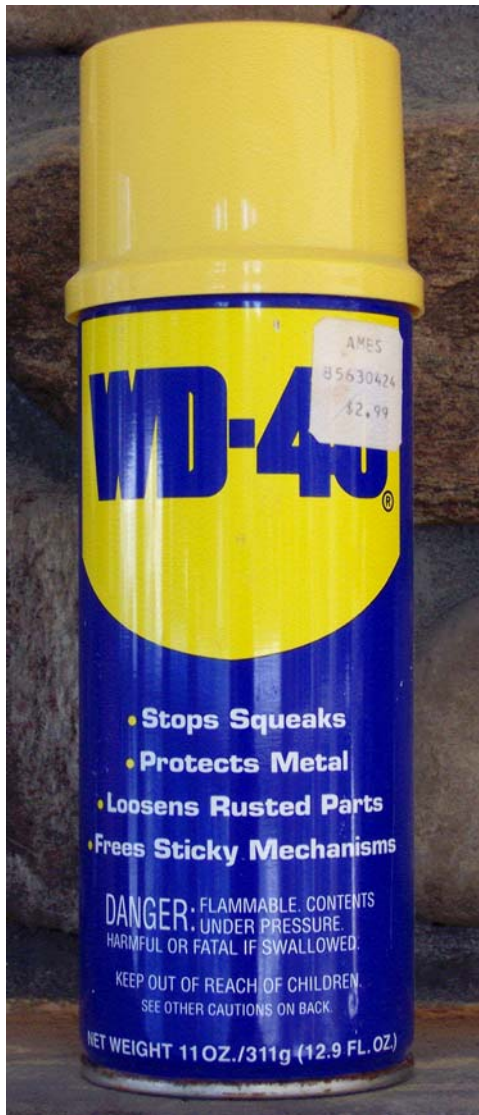
Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y/N
Kitchen	WD-40	12oz	UO	See photo	10 ppb	Y
garage	mineral spirits	24oz	U	benzene, toluene	15 ppb	N
garage	American Semi-Gloss latex paint	64oz	U	titanium dioxide, ethylene glycol, aluminum hydroxide, 2,2,4-trimethyl 1,3-pentanedial, isobutyrate, Vinyl acetate	2 ppb	N
garage	Krylon Semi-gloss oil paint	64oz	D	butane, propane, titanium dioxide, xylene, ethylbenzene, acetone, MEK, butanol, MJK	10 ppb	N
garage	Rustoleum	12oz	U	talc, calcium carbonate, titanium dioxide, xylene, ethylbenzene, acetone, liquified petroleum gases, pentaerythritol	4 ppb	N
garage	Deep 6 Double Strength Insect Repellent	8oz	D	propane, isobutane, N,N-Diethyl-meta-tolamide Di-n-propyl isocinchomerate	0.5 ppb	N
base-ment	12 cans latex paint	128oz	U	talc, titanium dioxide, Kaolin clay, 2,2,4-trimethyl-1,3-pentanedial isobutyrate, vinyl acetate	0	N

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**

** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Product Inventory Attachment — 25 Main Street, City

WD-40 FRONT



WD-40 INGREDIENTS

HARMFUL OR FATAL IF SWALLOWED:
Contains petroleum distillates. If swallowed, **DO NOT** induce vomiting. Call physician immediately. Use in a well-ventilated area.
DELIBERATE OR DIRECT INHALATION OF VAPOR OR SPRAY MIST MAY BE HARMFUL OR FATAL.

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